

# THE MEDICAL AND SURGICAL REPORTER.

No. 1049.]

PHILADELPHIA, APRIL 7, 1877.

[VOL. XXXVI.—No. 14.]

## ORIGINAL DEPARTMENT.

### LECTURE.

#### CONVALESCENT CASES—RESULTS OF OPERATION FOR PHIMOSIS—BON- NET'S GRAND APPAREIL, ETC.

A Clinical Lecture by Professor LEWIS A. SAYRE,  
at Bellevue Hospital, February 14th, 1877.

Reported Stenographically, for the MEDICAL AND  
SURGICAL REPORTER, by N. W. CADY, M. D.

CASE 1.—(See MEDICAL AND SURGICAL REPORTER, January 13th, 1877.) This little fellow, gentlemen, that you see here, is the one sent me by Dr. Hoffman, from West Chester county, in December, 1876. You will remember that at that time he was unable to stand, speak, or feed himself, and, in short, presented every appearance of being an idiot. For a full report of his case I must refer you to the lecture of that date. He walks now, as you see, without assistance, speaks with perfect distinctness, and his mother states that for the last three weeks he has fed himself, sleeps quietly, and gives her no trouble whatever. His intellect at the present time seems equal to that of the average boy of his age, although previous to the operation he was thought to be idiotic. You will observe that the strabismus with which he was troubled has entirely disappeared, and no one seeing him at the present time, without any knowledge of his previous history, would consider him in any way different from an ordinary child.

There are some interesting points connected with this case, which I would like to draw your attention to, as they are of great importance, as showing the necessity of doing the operation

properly when it is performed, and superintending the dressing of the wound afterward. You recollect that on the day the operation was performed the child spoke before he left the room; and the following day he seemed so much more comfortable than he had ever been before, that I allowed the mother to take him home, giving her instructions as to his treatment. I did not see the child again for some ten days, when he was brought to my office in a worse state than ever before. He was perfectly ungovernable, more like a little demon than a human being, constantly scratching, fighting, and slapping his face; and his mother stated that for the last three days he had become worse than he had ever been in his life.

Upon examination of his penis I discovered that the wound had cicatrized, slightly girdling the glans, from the fact that the internal mucous membrane had not been sufficiently divided. He was put under chloroform, this very slight girdle divided, and the wound dressed carefully every day until it healed, and now you see the result. This case is so similar to the case of young Norman, that Dr. Hammond reported to the Neurological Society as not having been improved by the operation (from the fact that the person who operated upon him had simply made a circular incision of the foreskin, and pulled it behind the glans, without removing the mucous membrane, thereby making the case one of paraphimosis and aggravating the disease, and which case perfectly recovered after the operation had been properly performed), that it is of importance to draw your attention to these facts, as they tend to prove that the penis was the source of irri-

tation upon which the nervous disturbance depended. If I had not observed him and finished this operation, it would have done no good at all, and the operation would have fallen into discredit, and persons like Dr. Hammond would have stated that the irritation of the genital organs had nothing to do with the causation of the disease; but the operation did no good simply because it had not been properly performed. This boy, now that the operation has been properly performed, is tranquil and composed as to his nervous system, and his power of coördination is as good as that of any child.

CASE 2.—T. F., baby, 18 months old. Here is another little child you will recollect as having appeared before you some four or five weeks ago with paralysis of the left leg. Now, you see, the child walks without anybody holding him. There is some discussion now in the profession as to whether reflex paralysis can occur, and there have been learned attempts to prove that these cases got well of themselves, independently of the phimosis being operated upon. But it is very curious that they got no better until the source of irritation was removed. And yet you have seen a dozen or twenty cases here this winter, that have recovered the power of locomotion and coördination—which before they had not—simply after relieving this source of nervous irritation, without any medication or treatment whatever. And now this child is another and stronger proof of the fact. It has had no electricity, galvanism, friction or strychnia. I have done *nothing* to it, simply for the purpose of seeing the result of circumcision alone. You see the result.

I want you to notice that young one's cheeks, and compare them with what they were five weeks ago, when I operated upon him. Look at those ruddy cheeks, the very picture of health, which before were white and of a waxy color, all the result of this eternal restlessness and want of sleep, from priapism and irritation. His mother tells me he sleeps well.

(The child walked about the floor, dragging his left leg very slightly, but his condition was manifestly much improved.)

CASE 3.—Thomas McLaren. (See MEDICAL AND SURGICAL REPORTER, November 4th, 1876.) Here is a little fellow whom you will recollect as having appeared before you in the early part of the present session, when I performed the operation of exsection of the hip-joint, and had

so much difficulty with a thickened involucrum which was thrown around the head of the bone. This involucrum was so thick and strong that I could extract the head of the bone only by using the lion-jaw forceps. You will observe that the incision is perfectly healed and the child is well. He walks perfectly well without either crutch or cane, and by the most careful measurement a difference of more than one-fourth of an inch cannot be detected in the length of his legs. There has not been as much discharge since the operation until the wound was healed, as there used to be in a single day for many months previous to the time when the operation was performed. If it were necessary to have any proof of the propriety of the operation, this case, gentlemen, is proof positive. For with the thickened involucrum surrounding the necrosed bone, it would have been an impossibility for nature ever to have extracted it or to allow it to escape, and the long-continued suppuration would sooner or later have destroyed his life. And even if such cases could recover at all, they would do so with distorted limb and ankylosed joint, and great deformity; whereas, now you see him in perfect form, and even in this early stage after the operation with almost perfect motion, which may be increased by exercise.

CASE 4.—(See Case 4, MEDICAL AND SURGICAL REPORTER, January 13th, 1877.) Here is another little boy who was exsected just two months ago. This is the little boy from California. He had the disease four years, and has had all sorts of treatment applied. You see this little oakum tent, which I still keep in the wound; the amount of pus adhering to it, as I withdraw it from the wound, is but trifling. Compare him with what he was eight weeks ago. His form is straight; his limb is capable of abduction, flexion and rotation. As soon as he gets home he will be given plenty of fresh air and exercise, and a chance to get a useful limb; and you will observe there is no shortening.

CASE 5.—Minnie King (See MEDICAL AND SURGICAL REPORTER, November 11th, 1876.) Here is a case of hip-joint disease, considered likely to prove fatal on account of accompanying waxy liver and waxy kidney. She was considered too far gone to have an exsection performed; and yet you see, even in this case, the child has recovered her strength, and in a hospital atmosphere at that, and that hospital Bellevue, which is so much slandered by persons

who know nothing about it. They say that there is pyæmia, erysipelas and gangrene in the very walls, and yet, in this very hospital, so tainted in the public eye, we take children at the point of death, children that have large livers and waxy kidneys, and perform the serious operation of exsection of the hip-joint upon them, removing a large portion of the acetabulum, and what is the result? Proof conclusive that these statements about Bellevue are false. But that little girl, you see, goes now without her splint; her leg is shortened very little. In this case I have no doubt most of you agreed with me in thinking there was no hope for her. Yet an operation afforded the only chance she had, and it was performed, in order that the child might have some few months of comfort, and that she might be in good shape for the coffin, if she must die. Now she is on the road to recovery.

I bring these cases before you, gentlemen, in order that you may see the results of the winter's work, and that you may be enabled to answer the querulous inquiries that may be brought to you by outsiders, as regards the necessity and propriety of this operation—the exsection of the hip-joint; for, strange to say, a great many men still contend against it, and say it never should be performed.

(To be Continued.)

## COMMUNICATIONS.

### A BRIEF ACCOUNT OF THE MECHANISM OF THE HIP-JOINT—WITH DIAGNOSTIC POINTS UPON DISLOCATION AND FRACTURE OF THE NECK OF THE FEMUR.

BY OSCAR H. ALLIS, M. D.,

Surgeon to the Presbyterian Hospital.

Read before the Philadelphia County Medical Society, February 23th, 1877.

GENTLEMEN:—One year ago I offered some remarks before this Society, upon the mechanism of the shoulder joint. I mentioned the function of the capsular ligament, and stated that the retention of the head of the bone in the socket was not due to ligaments, but to the peculiar arrangement of the muscles about the socket and head of the bone. As proof of this it is only necessary to recall cases of paralysis

of these muscles, or the falling of the head of the bone from its socket, under complete anæsthesia.

The hip-joint presents a marked contrast in this respect. This articulation is the only true enarthrodial one in the body, and the head of the bone being more than half received into its socket, is retained by atmospheric pressure.

Neither the so-called ligaments nor the muscles contribute to this retention. It is done by the cartilaginous rim about the socket, which is called by some anatomists the sucker ligament. If, in the general acceptance of the term, the joint were held in place by ligaments, then, in the ordinary functions of the limbs in walking, stooping, rising, turning, and the like, we would find ourselves suddenly arrested the instant a ligament became tense. As it is, the limb enjoys circumduction to a remarkable extent.

It cannot be said to owe its security to muscles, else in paralysis, anæsthesia, drunkenness, and in sleep, we would have constant displacements.

The ligaments about this articulation have been carefully studied and described. I can only repeat that which is familiar to you all; still, a brief review of their functions will not be uninteresting. The capsular ligament is firmly attached to the rim of the acetabulum, and passes from this to the neck of the femur. Posteriorly, it is but loosely attached to the neck of the femur, and fits it like a collar.\* By this arrangement it offers no impediment to the motions of the joint. It is at this part, too, that the capsular ligament is thinnest, and the part most usually torn when the head of the bone escapes from the socket. The anterior portion of the capsular ligament is the thickest, strongest, and most serviceable portion of it, and is about half an inch longer than the posterior portion. In order to enable man to perform in the erect position the *varibus* functions for which he is designed, this joint has special strength given to it. Thus the fibres of the capsular ligament have accessory fibres, making it nearly double the thickness at the anterior than at the posterior part. To these must be added the tendons of the *psaos*, *iliacus*, and *rectus* muscles, that pass directly over and are blended with the capsule. Hence it is that man is enabled to stand erect, for without this special support the head of the bone would leap from its socket at

\* "Holden's Manual of Anatomy," p. 476.

each step. The special strength of this portion of the protective apparatus of the joint can be better imagined when one notices the mountebank, throwing his hands backward and turning his back hand spring, without ever rupturing the capsule or displacing the head of the bone. Besides this, the same symptoms of deformity hold good that were pointed out centuries ago, showing that the same cause produces the same effect, and this cause is now known to be the untorn (anterior) portion of the capsule.

But man is not only designed to work in the upright posture, but also to rest in the same posture. If one but watch the motions of soldiers under command, he will find that *standing erect* is a muscular action and hard work, and that as soon as the word comes to rest, they quickly assume a posture that rests the weary muscles. This they do unconsciously, but if one imitate the action, he will find that he first balances his weight on the ankle, then locks the knee-joint, and then, leaning a little forward and outward, finds himself at rest, *i. e.*, balancing himself upon one leg. Two, and possibly three, ligaments contribute to this relief of the muscles—the ligamentum teres, ilio-femoral, and the ilio-tibial, a strip of the fascia lata.

The function of the ligamentum teres has been the theme of warm and earnest discussion. It has been assumed that the function of this fibrous band, that extends from the edge of the socket to the centre of the head of the femur, is to suspend the body, allowing the weight of the body to fall upon it, rather than upon the head of the bone. Ingenious as such a theory may be, and partially supported by the anatomy of the articulation, still there are good reasons that stand out against it.

1. This ligament forms a protecting sheath\* to the nerves and vessels that nourish the head of the joint, and is in the most favorable position for conveying the blood when the limbs are employed in supporting the body. If its function were to support the trunk, and prevent concussion between the head of the bone and the acetabulum, then it would be too tense for a protecting sheath to blood vessels.

2. Holden, and others, say that it *limits* adduction. Certainly, then, it cannot be *tense*, when the limb is in a line with the trunk, *i. e.*, in the upright posture.

3. The head of the bone fitting accurately

\* Sappey, *Traité d'Anatomie*, Vol. I, p. 653.

the socket, and being retained by atmospheric pressure, there can be no space between the head of the bone and the socket, as would necessarily be the case if the weight were supported by this ligament.

In the resting posture, *i. e.*, in a state of adduction of the limb, the round ligament may contribute, in a slight degree, towards fixing the head of the bone. This, however, must not be too firmly insisted upon, as Henle has observed that adduction to a much greater degree is possible after the capsular ligament is out away.\* It is highly probable, then, that this ligament (that only approaches the tense condition in the state of adduction) does not contribute to the strength or security of the joint, but is the protector of the nutritive supply to the head of the femur.

The anterior portion of the capsular ligament does, however, contribute largely in securing the joint, when one is standing at rest. It is strong, short, forms a cup for the partly projecting head of the bone, and fixes it securely when one is in the resting posture.

But the structure that contributes most largely to the *standing at rest* attitude is the thick, strong portion of the fascia lata, that extends from the crest of the ilium to the outer side of the head of the tibia. If this fascia is examined, it will be found to have not only an attachment to the ilium and tibia, but to the *linia aspera* almost through its extent, and hence, from its position, admirably adapted to the support of the body. As the fascia passes over the great trochanter a bursa is formed, to give the freest motion in its ordinary functions.

It is not necessary to go to the dissecting room to verify the accuracy of this statement. All that need be done is to stand *erect* and feel the prominent tendon-like structure on the outer aspect of the knee, about an inch from the patella (See Fig. 1, left side, dotted line). If we do this we will feel a *round cord* on each limb. Now, if we throw the weight of the body on the right limb we will find that this *cord* is much more prominent, tense and hard than it was when we were standing *erect*, and that the cord on the left limb has disappeared.

Try, now, the other limb. Throw the weight upon it, and the same result will take place. If the weight is thrown upon one foot, then upon the other in rapid succession, the observer will notice the suddenness of his arrest.

\* Cruveilhier and See, vol. I, p. 408.



If this were muscular it would not be so sudden. If muscular it would not always be at the same point. If muscular there would be a corresponding fatigue to the muscles brought into action. As it is, *all the muscles of the body* participate in the resting attitude. If muscular, the experiment could not be successfully tried upon the cadaver. The latter proof can easily be made by securing the knee in splints, to imitate the condition in life, and the resting attitude can be most perfectly counterfeited.\*

Having briefly invited your attention to the great strength of the ligaments about the joint, and to the part they play in the workings of the joint, let me now invite your attention to the most frequent injuries of the hip joint, *i. e.*, fracture of the neck, dislocation, and fracture of the acetabular portion of the pelvis.

Let us suppose a man in the vigor of life to fall from a height, upon his feet, or in such a manner as to bring the greatest force upon the structures of the joint when the femur is in a line with the trunk.

First, I will say that the pelvis is least likely to be injured by such a fall. The upper part of the acetabulum recedes into the thick, strong flange of the ilium, and escapes fracture, probably from its superior strength. Clinical experience yields here valuable negative testimony. A fracture of the pelvis is one of the rarest injuries when the person falls upon the feet. Such a fall will most probably produce a fracture below the knee; next in frequency, a fracture of the shaft or neck of the femur, while the pelvis, protesting, as it does, vital organs, is rarely broken save by a force directly applied. The injury, if at the joint, will lie between the laceration of the ilio-femoral ligament, with anterior displacement of the bone, and fracture of the neck of the femur. When every tissue is at its fullest strength, it is hard to decide which of these two will yield first. The mechanism of the neck of the femur, and its wonderful adaptability to overcome the various shocks, has been a matter of careful study and mathematical computation, and as competent observers have witnessed a *directly upward* displacement, it cannot be said that the neck of the bone may not be stronger than the anterior portion of the capsule. In such a case, were the limb to be examined, it would be found that the neck of the femur was short, large, and obliquely grafted

upon the shaft. Clinical experience, however, stands decidedly in favor of the ligament, and in such a fall as under consideration, a fracture of the neck of the femur is the more probable. If a similar injury occur to one in feeble strength, and especially to one in advancing years, then the probability of fracture of the neck is very great indeed. By disease and age, the texture of the bone changes. In its loss of weight may be seen the loss of the constituents that contributed to its toughness, hardness and strength. Not so with the ligaments; even into old age their functions remain unimpaired, so that beyond sixty a dislocation is exceedingly rare, but fracture of the neck correspondingly frequent.

Let us suppose a man, now, to fall with the thighs flexed, or semi-flexed. Under such circumstances, the weight of the body, with its momentum, will act most powerfully upon the shaft of the femur, as upon the long arm of a lever, and, as in this instance, the head of the bone is brought against the lower segment of the capsule, its rupture and a dislocation is exceedingly probable. The reasons that lead me to think that dislocations occur most frequently in this position are—

1. (As Bigelow has shown) That almost all the characteristic deformity in dislocations that have been pointed out for centuries are due to the untorn portion of the capsule, *i. e.*, the ilio femoral ligament. Hence, if the anterior (upper) portion of the capsule is intact, the escape of the bone has been elsewhere.

2. The flexed condition (as has been already mentioned) takes the lower segment of the capsule at great disadvantage. I have frequently displaced the head of the femur, in the dissecting-room, by taking advantage of this position.

3. Bigelow has shown that, when restoration of the limb takes place from the application of pulleys, and the limb extended, even this success is due to the integrity of the ilio-femoral ligament.

4. He has also shown that the flexed position is the most favorable to the reduction of all dislocations—depending, as he does, on the ilio-femoral ligament to draw the head of the bone into its socket, during the process of circumduction.

In making out a diagnosis of injuries of the hip, it is of the utmost importance that the patient be made to assume the upright position. In this position the affected limb suffers no such

\* For a fuller description of this, see *Medical Times* No. 229.

constraint as when lying on a bed, and a comparison between the two limbs is easily instituted. Such a position is not always practicable. Still, in doubtful cases it should be resorted to. Whenever this is attempted, the patient should have a strong chair or table to rest upon, to secure himself from falling. If this position is to be assumed, it is obvious that it should be done before the administration of an anæsthetic.

In the erect position—

1. In fracture (complete) of the neck, there will be no marked deformity, no want of parallelism between the limbs, and both feet can be brought flatly upon the floor. This is really the most important feature to note. As long as the symmetry of the two limbs is maintained, there cannot possibly be a dislocation.

In all cases of dislocation the femur will have a fixed position; the knee inward, outward, above or in advance of its fellow, and the heel drawn upward. In no case of dislocation can the knee be brought into a similar attitude with its fellow and the foot placed flatly upon the floor.

2. In fracture within the capsule, or partly without the capsule, there is nothing to create deformity when one stands erect. The capsule is untorn and the limb is now suspended by ligament and muscles. Hence, by mere gravity, it hangs by the side of its fellow.

In dislocations, the head of the femur lies in an abnormal, constrained position. This holds good in all varieties, whether recent or old, whether from accident or disease. The degree of deformity will be greatest when the rent in capsule and laceration of the muscles and their tendons is least.

When the head of the bone has escaped through the posterior segment of the capsule, and the entire anterior portion is untorn, then the head of the bone will be fixed and held firmly upon the rim of the acetabular cavity, and the greatest contrast between the two limbs be manifest. This deformity will measurably subside, however, after unsuccessful manipulation, for by circumduction the tendons of muscles are severed and the rent in the capsule increased. It is in just such a condition as this that the erect position is so valuable in a diagnostic point of view; for then all restraint has been removed and the limb left to obey the traction that is exerted upon it about the joint.

3. In fracture of the neck the patient can rotate the limb almost as completely as in

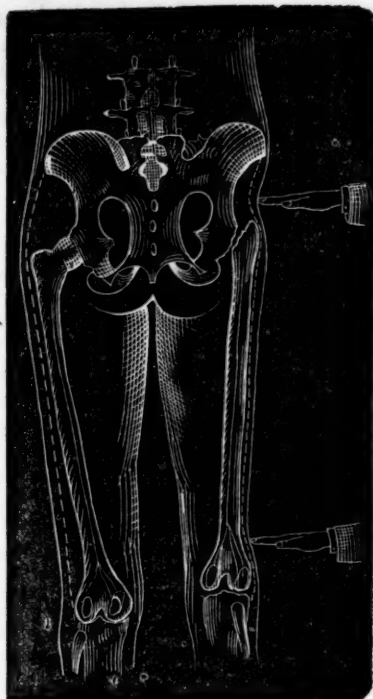
health. This is owing to the fact that the insertion of the rotator tendons has been undisturbed, the capsule intact, and no impediment placed upon the free motion of the limb. Very different will be the result in dislocation. It matters not what may be the variety of the dislocation, voluntary rotation is lost, the hip is fixed and held by a stronger power than the muscular.

4. In fracture of the neck there is no longer the firm union between the limb and the trunk that is to be found in the sound limb.

Three observations have been made upon this head. Dr. Levis has pointed out, as a diagnostic feature, the possibility of bending the thigh backward to a greater extent than its fellow. It will be remembered that I spoke of the great strength of the ilio-femoral ligament, and the part it played in enabling us to stand at rest. This ligament is nearly tense when we stand erect, and will only permit the limb to be carried back but a slight degree, when sound. When a fracture of the neck is present, and a patient be placed on his belly upon a table, the greater elevation of the broken limb will establish the diagnosis. Dr. Cleemann has observed that, in this peculiar injury, the function of the quadriceps muscle has been so disturbed that a wrinkle may be noticed in the tendo patellæ. He adds further, that this feature is of practical importance in determining the amount of weight necessary to keep the limb equally extended with its fellow. The little wrinkle is due to shortening. Hence, extension is only perfect when the limb is made equal to its fellow, and this can be easily known, he states, by the examination of the tendo-patellæ.

Still another point (and one which I have already alluded to), is the relation of the fascia lata to the act of *standing at rest*. The portion that forms a sheath for the muscles of locomotion is, when we stand *erect*, or walk, drawn tense by two muscles, the tensor vaginæ femoris and the gluteus maximus. This tense condition depends, of course, upon the integrity of the femur. The latter broken, there would no longer be the resistance to the action of these muscles, and hence the unequal degree of tension of the fascia lata in the broken and sound limbs.

The standing posture is the only one in which this can be verified, as in the reclining the muscles that make tense the fascia lata are both relaxed.



The dotted line indicates the course of this strip of the fascia lata that has been alluded to. In the left leg it is tense. In the right, the hands show where it will be most lax, in case of fracture.

In regard to measurements, I have only to add to what has been so often said, that every precaution should be taken to guard against error. This can only be done by measuring from different points, as the anterior superior spine of the ilium, the symphysis pubis, the point of the coccyx, etc. Unless such a precaution is taken, a serious mistake may be made. Permit me here briefly to illustrate this point. A man was brought to the Presbyterian Hospital, with symptoms of dislocation of the right hip, which disappeared with appropriate manipulation, accompanied by the *audible sound*. Nearly a year later he returned, with an apparent shortening of the same limb, of about two inches. Upon the most careful measurement from the anterior superior spine of the ilium to the inner side of the knee, the *apparently* shorter limb was half an inch longer than its fellow, and this was verified, by frequent and careful measurements, with every care to avoid error by any want of similarity of position of the limbs. On measuring from the symphysis pubis, the *apparently* shorter limb proved to be so in reality.

The degree of shortening will, in cases of displacement, depend largely upon the untorn ilio-femoral ligament. If this is complete, then the head of the bone, though escaped from its socket, must lie in close proximity to it, and the shortening be more apparent than real. The shortening, in fractures of the neck of the femur, will be due to retraction of the muscles, and may vary from 0 to  $\frac{3}{4}$  of an inch.

Should there be any doubt, after the administration of an anæsthetic, of the return of the limb to its socket, the limbs may advantageously be compared at right angles to the trunk. If both are in their sockets, their lengths will be the same, but if either is displaced, Fig. 2., this manoeuvre will readily determine it. This change in position may serve as an aid in the diagnosis between dorsal dislocation and fracture. With the limbs compared in this position, in case of fracture, the limb can be lifted to the level of its fellow, and on letting go it will sink half or three-fourths of an inch. But in dorsal dislocation the shortening will be greater, will not disappear until the limb is restored to the socket, and then it will not reappear on removing the support.

March 23d, 1877.



### PUERPERAL ECLAMPSIA.

BY J. B. MATTISON, M. D.,

Of Brooklyn, N. Y.

The recent interesting contributions by Dr. Parrish, to the study of puerperal eclampsia, induce me to proffer my experience with this disease, as showing one of the trying exigencies in which our calling sometimes places us, and trusting that the history herein detailed may prove of service should any readers find themselves with like surroundings.

Mrs. M., aged twenty-five, primipara, was attacked with parturient pains on the evening of August 17th, 1873. Nothing of note occurred

until midnight, when she suddenly began to complain of severe cephalalgia, which increased in intensity to the point of most agonizing shrieks, till one o'clock A. M., when it culminated in a well-marked eclamptic seizure. Immediately the violence of the paroxysm subsided. I administered one-third of a grain of morphia, hypodermically. The patient remained in a state of nearly complete coma, labor meanwhile progressing, until two o'clock, when strongly marked facial twitchings ushered in a second convulsion, severe and prolonged. As soon as the intensity of the seizure had sufficiently abated, the morphia was readministered, one-half grain subcutaneously, and the pulse registering ninety-six per minute, full and strong. I determined on venesection, and, accordingly, abstracted sixteen ounces from the arm. Profound coma now ensued, uninterrupted for two hours, when a third eclamptic attack occurred, severe, but not so protracted as the second. The morphia was again resorted to, one-half grain hypodermically, and, the pulse still tense, the vein was reopened and eight ounces additional taken. This ended the convulsive disorder, but Mrs. M. remained in a completely comatose condition until eleven A. M., when she emerged from her dangerous situation with a suddenness that somewhat surprised us, fully conscious, but with memory an utter blank as to everything that had transpired after the onset of her terrific headache.

The babe was born at six A. M., asphyxiated, and remained in that condition a time exceeding anything in my experience. Fully one hour elapsed before breathing was established with anything like regularity, and then only after the most assiduous application of artificial respiration, in the manner described and recommended by me in the *New York Medical Record*, June 12th, 1875—an abstract appearing in the *HALF YEARLY COMPENDIUM* for the same year.

The little one was wrapped in cotton and carefully attended, but her perils were not yet over. From that time till ten o'clock P. M. she passed through nine convulsive seizures, in five of which respirations diminished until they absolutely ceased, and nothing but fluttering pulsation seen in the precordia when the chest was made convex during the use of the artificial mode above mentioned, gave token that life was going on. This, however, was the incentive to diligent endeavor, rewarded, for five

consecutive times, by a return to normal respiration. The subsequent convulsions were of diminished intensity, after which—the toxic element, whatever it was, seemingly having expended itself—the babe, barring a severe attack of acute diarrhoea during the second week, which, for a time, held its life in jeopardy, went on to entire recovery.

On the third day an attempt was made to nourish the child in the natural manner, but the application gave rise to sudden, severe head pain, which compelled a peremptory abandonment, and the effort was never fully resumed, artificial feeding becoming, in part, a necessity. This intense cerebral distress persisted for several days, only held in check by semi-daily hypodermics of morphia, one-third of a grain each, until, towards the close, the pain assuming a periodical type, full doses of quinine rounded off the treatment.

It would seem as though our patient had already passed through more than the ordinary allotment of puerperal troubles, but they were not yet ended. A severe cystitis ensued, marked by no special feature other than complete vesical paralysis, making catheterization necessary for nearly a week. She surmounted all, however, and in five weeks mother and daughter accomplished a journey of more than fifty miles without any untoward result.

A retrospect of this case reveals several points which merit careful study.

What caused the convulsions in the mother? During gestation her health remained good. There was no head-trouble, no neuralgia, no marked gastric disturbance, no anasarca, no deficiency of renal secretion, no albumen therein, up to the very last day; in fact, an utter absence, so far as we could discover, of prodromic eclamptic manifestations, prior to the onset of the intense cephalalgia.

What gave rise to the terrible headache when the babe was applied to the breast?

What induced the convulsive phenomena in the infant? Here is a question of more than passing interest. A veteran practitioner called in consultation, subsequent to birth, diagnosed *opium narcosis*, and expressed a gloomy prognosis. Happily, as to the latter, he was disappointed. Regarding the former, were such the case, an important question at once arises, as to the propriety of morphia hypodermics in ante-partum convulsions. If, by their free employment, we imperil a life yet unborn,



we well may hesitate, though, of course, if they be imperatively demanded, the welfare of the mother outranks that of the child.

Concerning all these queries, I cannot do better than submit the opinions of some eminent professional gentlemen.

DEAR DOCTOR:—I very much regret that it is not in my power to give a reply so satisfactory to you, as your letter is to me. If I were able to answer your first question, as to what caused the convulsions in the mother, I should feel that I had made a most important contribution to the pathology of puerperal convulsions, which science has not yet attained. On this point, I do not know that I can add anything new, on my own part, to what I have said in my work on puerperal diseases.

As regards your second question, as to "the cause of the intense head pain of the mother when the child was applied to the breast," I should suppose the explanation to be that the irritation of the peripheral nerves of the mammae induced an intense reflex irritation of the entire nervous system. I have often seen this result, but never so persistent as it seemed to be in your case. Should not the effect of the quinine suggest the probability that the toxic agent which may have had an important influence in so disturbing the nervous system as to result in convulsions was of a malarial origin?

And this brings me to your last question, as to what caused the convulsive disorder in the child. I do not believe that the morphia had anything to do with it. If you will excuse me for again referring to my book, on page 83, you will see the report of a case of puerperal convulsions, in which, after birth, the child had three convulsions, but eventually recovered. The bottom paragraph, page 92, refers to two others. In neither of these cases was morphia introduced into the maternal system before the delivery of the child.

If the maternal convulsions are centric in their origin, *i. e.*, due to toxæmia, is not the child nourished by the same toxic blood, and liable to the same disturbance of nerve centres from the same cause? Last winter I saw a case in consultation, where the mother went through labor without any puerperal accident. The child had a convulsion while being washed, appearing perfectly well before. Then the mother was seized. The child died in the fifth or sixth seizure. The mother, who was comatose many hours, I think, owes her recovery to the hypodermic use of morphia. She had taken none before the birth of the child.

Yours sincerely,

FORDYCE BARKER.

MY DEAR DOCTOR:— \* \* \* \* \*

I do not know what caused the convulsions in the mother. I do not believe they were uræmic. I remember, about eight or ten years ago, a case of puerperal eclampsia, which was very similar to the one you detail. Dr. George T. Elliott, Profs. Gilman and Metcalf saw it with

me, and when I asked for the cause of the convulsions, at our consultation, all agreed that it was one of those cases in which the cause could not be reached. My case was treated with chloroform, and free general bleedings were repeatedly practiced. She died about forty-eight hours after the first convulsion, sixty hours after delivery.

A careful post-mortem examination failed to reveal the cause of the convulsions, or of the death. Every organ in the body, even the spinal cord, was normal. The child in my case also had convulsions for several days, but finally recovered.

I do not believe that the opium given to the mother, in your case, had anything to do with the convulsive seizures in the child. I now have the record of thirty-two cases of puerperal convulsions treated with hypodermics of morphia, and in no instance has the morphia acted unfavorably on the child.

May not the child and mother, in these cases, be under the influence of some, as yet, unknown toxic influence?

Sincerely yours,

A. L. LOOMIS.

MY DEAR DOCTOR:—The history of your case is of very great interest as regards both pathology and treatment, and the questions which you raise are of the highest importance, and deserve a more thorough discussion than I am qualified, either by time or ability, to give them.

In reply to what caused the convulsions in the mother, I may say that, most probably, uræmia was the chief factor, but from the fact that there were no evidences of renal disease up to the time of labor, and none subsequently, except pain in the head, I believe nerve irritation played an important part in causation. It is possible that uræmia, to the extent present in your case, might not have caused convulsions in a less sensitive organization. The extreme susceptibility of the patient was proven by the severe pain in the head, excited by the attempt at lactation. Furthermore, the prompt improvement under the use of quinine leads me to think that malaria may have aided in producing the convulsions.

Regarding the cause of asphyxia and convulsions in the child, it is evident that they were due to the toxic effect of morphia or urea, and I believe they were both due to the morphia used hypodermically. I base my opinion on the following facts:—

First. There was nothing in the nature of the labor to cause asphyxia in the child, except that morphia was rapidly and freely introduced into the circulation of the mother.

Second. That opium, in large doses, will cause asphyxia in a child in utero, especially, if used hypodermically.

Third. That the effect of the morphine, and the long-continued irritation of artificial respiration were sufficient to cause convulsions.

Fourth. That while uræmia of the mother may be transmitted to the child in utero, and cause

convulsions, it is also true that children have been born alive and well in cases where the mothers presented evidences of more profound uræmia than in your case.

I am aware that the same argument may be used against the possibility of morphine given by the mouth causing asphyxia and convulsions in the child. We all know that large doses of opium have been given by the mouth to mothers without any ill effect on the child in utero, but I firmly believe that such doses of morphia, hypodermically, as you gave, are exceedingly dangerous to the child, while they may be of the highest value to the mother.

While I have given my opinion somewhat positively, I am aware that more facts from recorded cases are necessary to settle definitely some of the points involved in your most interesting case.

Yours, truly,

ALEX. J. C. SKENE.

DOCTOR MATTISON:—I must answer your questions very dogmatically, on account of want of time to explain the reasons for my opinions.

First. I think that acute puerperal nephritis caused the cephalalgia and convulsions in the mother, and resulting uræmia affected the child.

Second. The child unquestionably suffered from narcotism. I have often seen this result when the hypodermic syringe was used, ante-partum, even when no convulsions existed.

Third. Lactation induced nervous disturbance, and this showed itself by cephalalgia.

Fourth. The hypodermic use of morphia, ante-partum, is always dangerous to the child, but, in convulsions, even this fact must sometimes be overlooked in the interest of the mother.

Truly yours,

T. GAILLARD THOMAS.

## HOSPITAL REPORTS.

### EXTRACTS FROM CLINICS AT PHILADELPHIA DISPENSARY.

DR. MARIS RESIDENT PHYSICIAN.

Reported for the MEDICAL AND SURGICAL REPORTER,

BY C. C. VANDERBECK, M. D.,

Physician to Northeastern District.

#### Phthisis.

This disease being one of the greatest—if not the greatest—highways to death, in this and all lands, this Institution has its share of work in prescribing for the usual large number of cases, and of reporting its greatest mortality to be due to this malady. In looking over the history of two hundred and eighty-four cases, I find that the period in which the greatest number of cases originate is between twenty and thirty years of age; the next greatest between thirty and forty years. As to occupations, one or two

interesting points were brought out in examining these histories. One was this—that although the sedentary occupations furnished the great majority of cases, yet, as to any particular indoor trade, idleness, or those without employment, furnished an excess.

This idleness, it is proper to notice, was due not to inability to work, as the disease, at the time their names and occupation were entered, had made but little progress, but, in the majority of cases, because there was no employment for them. These unfortunate beings were, no doubt, insufficiently fed and clothed, and thus paved the way for an easy access of the predisposing causes that exist in many of them.

This still further illustrates what I have often seen before, that many a person may pass through life with a predisposition to phthisis, and yet have no actual outbreak; that predisposition in itself is often insufficient, and disease is not engendered unless active or exciting causes are brought to bear upon the case; and on the other hand, the same exciting causes in another person, with no hereditary tendencies, would prove harmless. In other words, both predisposing and exciting causes often seem to be necessary to produce consumption.

It appears to be a feature connected with the unemployed classes that sociology and State medicine should investigate. It is part of the duty of these sciences to remove, if possible, all those things that have a tendency to deteriorate the race. The sociologist, hygienist and physician, deal largely and chiefly with the deteriorated and deteriorating folk. As Dr. Richardson formulates, "The extinction of the unfit" is going on constantly. The physician, strangely as it sounds, does not deal so much with those fit ones who have survived, but with the unfit classes. This is seen in every department of medicine. The obstetric forceps continues the existence of an "unfit pelvis;" the stethoscope allows of an early discovery of a tuberculous lung, and thus life is continued long enough, over and over again, for the victim to marry, bear children, and hand down, as an heirloom, a constitutional malady.

The usual plan of treatment is the ordinary cod oil. The simple oil, however, is not given, but joined usually with tinct. ferri et quassia, which contains one drachm of tincture of iron to seven drachms of tincture of quassia; of this, two drachms are added to every ounce of oil. Dr. Maris claims for this a more palatable and efficacious medicine than the clear oil. He does not insist upon the exclusive value of the oil of the codfish, but has seen butter do much good. Pavy tells us that of all the fats, butter, if perfectly free from rancidity, is one of the easiest to digest.

#### Acute Bronchitis.

In acute catarrhs in adults, Dr. Maris depends chiefly upon the so-called *mistura fusca*, a house prescription. This is simply the old brown mixture, with an addition of the muriate of ammonia. He thinks the official mixture

unsatisfactory, and that far better results can be obtained from the "mistura-fusca." In almost every case of acute bronchial affections he uses this mixture before resorting to Squibbs'—his drug for the latter stages. In acute catarrhs of children he uses syrup of ipecac, preferring this to antimony, an ingredient of brown mixture.

#### Diuretics.

The doctor thinks the very best diuretic that he is acquainted with is an infusion of the root of the stinging nettle—*urtica dioica*. He was led, several years ago, to experiment upon this, by the advice of a friend, and found it one of the promptest and most efficacious diuretics that he is acquainted with. This plant, I think, is not official, but there is no doubt but that many indigenous plants of our abundant flora possess medicinal virtues, so far known to only a few, or were once used and now unjustly discarded. Our drug resources are vast; in fact, we are "exposed to the annoyance of having an embarrassment of riches in our possession of them." Yet, by careful study, and a freedom from bigotry, we can use all of them. To one who has not given the subject investigation, it may be a surprise to them to know, as stated in a late lecture by Professor Rothrock, that the pharmacopœia recognizes 263 vegetable medicines: 163 of these, 60 per cent. of all, are north of the Gulf of Mexico; more than half in our borders; 162 species now outside of official sanction, that once were used. It is upon these discarded remedies that the so-called elective system is based. Among these plants found within our own borders,

Professor Rothrock mentions astringents, alteratives, cathartics. May apple, *digitalis*, expectorants, emmenagogues, etc.; in truth, all the various classes of medicines, save three; viz., excitomotor, epispastica, and diluents. It is the opinion of Dr. Rothrock, and also of Dr. Edward R. Mayer (who wrote an excellent paper on specific medication), that we have neglected too much the discarded and the common indigenous remedies. The latter gentleman mentions numerous plants possessing virtues ordinarily unknown; as horse-chestnut for hemorrhoids (Dr. Rothrock finds the bark of horse-chestnut very valuable for the expulsion of *tœnia*); pleurisy root, excellent diaphoretic and sedative; wild indigo, for typhoid fever and malignant ulcers; blue cohosh acts quite the same as *cimicifuga*; stone root directs its energies to the mucous membrane of the pharynx, rectum, and urinary tract; wild yam a certain remedy for colic; sundew is remarkable for its influence upon the pneumogastric nerves; Canada flea-bane is an excellent hæmostatic and styptic; witch-hazel has a specific action upon the venous system, an astringent and tonic to weakened and dilated veins; golden seal is useful in fluxes and stasis of mucous membranes, especially valuable in chronic catarrh of the nose, leucorrhœa, etc.

To return to diuretics, Dr. Maris, then, fully believes the root of the stinging nettle to be one of the purest and most powerful diuretics. He often alternates this drug with some other remedy of similar properties, so as not to continue one thing too long. If there exist any rheumatic pains, or much dropsy, he is in the habit of prescribing acetate of potash.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### The Sympathy of the Ear and Mouth.

At a meeting of the medical society of London, in January last, Dr. E. Woakes read a paper on this subject. The conditions discussed in this paper were based on the frequently observed occurrence of inflammation of the ear and otalgia caused by the presence of a decayed tooth, or a sore on the tongue, and the equally common event of spasmodic cough induced by the presence of a foreign body in the meatus. The continuity of sensitive nerve-fibres being deemed insufficient explanation of these symptoms, the object of the paper was to supply the true method whereby, through nerve-influence, a genuine inflammatory action is set up in the ear, the original seat of irritation being widely separated from it. Great stress was laid on the importance of the fact that

fibrillæ belonging to the vaso-motor system of nerves are mingled in the same fasciculus with those of the cerebro-spinal system; the former set of fibrillæ being brought into reflex relationship with the nervi vasorum distributed on the arteries of the part reflexly affected, by means of the sympathetic ganglia in which the two sets of fibres communicate. In this way, it was shown that distinct channels of communication existed between the vessel nerves which regulate the supply of blood to the ear, and the otic ganglion, while branches of the fifth nerve connected the carious tooth, and the ulcers on the tongue also communicate with this ganglion. It was then indicated how morbid impressions affecting the latter would influence the former, and thereby produce vascular distention of the drum-head and contiguous regions, producing a veritable hyperæmia of these parts, to the consequences of which the pain and inflammation were referred. A similar communication was

also traced between the nervi vasorum of the vessels of the larynx and the auriculo-pneumogastric nerve supplying the meatus, through the medium of which connection a case of laryngitis from the presence of a bean in the external canal was traced. The paper concluded with the suggestion that, owing to the sympathy thus established, it was possible for spasmodic croup in children to be due to draughts of cold air falling upon the ear, and advantage was taken of this sympathetic association to suggest a simple method of treatment in such cases.

#### Treatment of Phagedenic Ulcers.

Weisflog, in a recent paper (Virchow's *Archiv*, B. 66), states that the pain of phagedenic ulcers ceases almost immediately if the patient is immersed in a "faradizing bath." One of the electrodes is connected with the bottom of the bath, and as soon as the wound is submerged in the warm water, the patient touches the other electrode, which is covered with sponge, with the tip of one finger, gradually bringing the others into contact with the sponge, according to the sensations he experiences in the ulcer. The effects are less marked and less beneficial if the ulcer is out of water. For the purification of the wound he employs a weak ointment of nitrate of mercuric oxide (1 to 50). For the relief of the dolores osteocopi, Weisflog recommends the use of subcutaneous injections of solutions of the nitrate, which are much less painful than those of corrosive sublimate, and never cause abscesses; while much larger quantities of mercury can be introduced into the system without causing salivation.

#### The Treatment of Imperforate Hymen.

The treatment of imperforate hymen, as advocated in this journal by Dr. Shelly, according to the method of Professor Wallace (see *REPORTER*, April 29th, 1876) receives sad and substantial support from the following case, which is quoted from the *Anal. de Gyn. Espan.* in the *Chicago Medical Journal*:—

On the 15th of August, a girl, fifteen years old, was seized with acute hypogastric pain. By palpation an abdominal tumor was discovered in that region, and vesical catheterism was practiced, to facilitate the diagnosis. The escape of a large quantity of urine procured manifest relief. This lasted until January 19th, when the same symptoms were presented, with greater intensity. The same treatment was then adopted, without effect, when a consultation was held, and it was discovered that a soft fluctuating tumor filled the pelvic cavity and extended to the umbilicus, the hymen being imperforate. Menstrual retention was diagnosed, and puncture proposed.

The operation was performed on the 23d, with a trocar, with the effect of giving exit to a chamber full of blood. All went well till the 28th, when there was right hypochondriac pain,

fever, with a pallid countenance, and the escape of a large quantity of fetid pus from the vagina. On the following days the pain extended to all parts of the abdomen. Cadaveric aspect, bilious vomiting, precordial anxiety, small pulse, hicough, and retention of urine. Catheterism, morphia, belladonna and cataplasma gave small relief. This general condition—the patient being sometimes better and sometimes worse—lasted until the 6th of February, the patient dying on the 7th.

#### An Instance of Antiseptic Surgery.

The following case was related lately, to the Medico-Chirurgical Society of Edinburgh, by the surgeon, Mr. Bell:—

A little girl, while playing at the top of a stair, fell down to the bottom, a distance of forty feet. Fortunately for her, there was a railing in a recess at the foot of the stair; and on one of the spikes of it she was caught, and, turning over, hung suspended, "like a leg of mutton," as her father described it. She was immediately seen by Drs. Young and Cuthbert, who, with great presence of mind, carefully protected the wound with lint steeped in carbolic oil. On examination at the infirmary, it was found that the spike had entered the popliteal space, but without injury to the blood-vessels; split the bone, and passed out again on the outer side. In this way the knee-joint was opened, so that he could pass his finger in. The whole wound was washed thoroughly with carbolic acid, the edges brought together as well as possible, and free drainage, along with all antiseptic precautions, used. The highest temperature she ever had was 101° F. The result was, as they could see, that the child had a movable joint, and could walk well, any stiffness being merely muscular. Ten years ago, he would have amputated without hesitation. He had certainly never seen a worse case saved.

#### Excision of the Branches of the Fifth Pair in Neuralgia.

Professor Weinlechner, in a communication to the Vienna Medical Society, given in the *Wiener Medicinischen Wochenschrift*, stated that he had performed excision of the branches of the trigeminal in twenty cases of severe neuralgia. He had found the operation much more successful when the neuralgia was limited in extent than when it was diffused. The deeper and more central was the resection, the more certain was the relief of the neuralgia; but in very deep excisions we are deprived of the possibility of again resorting to the operation in case a relapse might render this desirable. Comparing this operation with that of tying the common carotid, we may say that, in very obstinate and painful cases, both modes of procedure may produce a temporary or permanent cure; but neither method is without danger, as they both are sometimes followed by pyæmia, erysipelas, etc. In general, the ligature of the artery is



the easier operation of the two; but in old persons there is the danger of atheromatous degeneration, while in the younger ones, if the ligature is followed by hemorrhage, severe disturbances of the cerebral nutrition may ensue. As a general rule, it may be stated that neurotomy is to be preferred, in limited neuralgia, while in diffused neuralgia, with vascular dilatation, ligature of the carotid should be performed.

#### The Opium Treatment of Peritonitis.

In an article in the *Practitioner*, February, Dr. W. H. Broadbent, physician to St. Mary's Hospital, London, writes:—

It is common in fever, whether enteric or typhus, to have as a complication tympanitis, which may be quite independent of peritonitis or perforation of the bowel. The treatment I have found most useful in relieving this condition is opium. Occasionally the distention of the intestine comes on very suddenly, when it is not only a source of distress and danger, but carries very grave prognostic import. My interpretation of the phenomenon is that it is one of the manifestations of nervous shock, and that it indicates paralysis of the sympathetic system, with consequent loss of tone in the muscular wall of the bowel, allowing the distention to take place. It constitutes one of the emergencies to which the Hippocratic maxim applies, and under such circumstances I do not hesitate to give and repeat a drachm of tincture of opium. I can recall to mind many instances in which, by this treatment, the tympanitis has been dissipated in a few hours, with a corresponding improvement in the general condition of the patient.

#### A Simple Aspirator.

Dr. A. Groves, of Ontario, describes, in the *Canada Journal of Medical Science*, an aspirator devised by him. He says:—

I had, first, a tubular needle, made by a watchmaker out of the largest-sized tubing commonly used for making hinges for watch cases; then I took an ordinary elastic enema syringe, and broke off the expanded part at the extremity of the suction tube, over which one end of a piece of rubber tubing, eighteen or twenty inches long, was slipped and secured by a thread tied tightly around it; the other end of the tubing was slipped over the needle and secured in a similar manner. The tubing used was that sold by druggists for nursing bottles, and answers perfectly. The whole cost, in addition to the syringe, is not over one dollar. My method of using the instrument is, first, to place the delivery tube under water, so as to prevent the possibility of air passing into the cavity; then an assistant compresses the bulb of the syringe; an incision is now made through the skin, and the needle plunged into the cavity to be aspirated. Alternate relaxation and compression of the bulb will now be carried on

until all the fluid is removed, or from some cause it is deemed proper to stop the operation. I always compress the suction tube with the fingers during compression of the bulb, and the delivery tube during its relaxation, lest the valves should not work perfectly.

By removing the valves, injection of the cavity can be carried on. With this instrument I have withdrawn sixty six ounces of fluid at a single operation, from the pleural cavity, affording immediate relief, which was soon followed by perfect recovery. Indeed, in every case in which I have performed aspiration of the chest with this instrument recovery has been rapid and complete.

### REVIEWS AND BOOK NOTICES.

#### NOTES ON CURRENT MEDICAL LITERATURE.

—"The Codes of Medical Ethics and Advertiser," published by Dr. C. Henri Leonard, Detroit, Michigan (paper, 25c.), would satisfy us better had the homœopathic portion been omitted, and probably the homœopaths would be as well pleased to have what they call the "allopathic" parts dropped. Dr. Leonard has prescribed for his readers a dose of incompatibles.

—The Jefferson Medical College has printed its Catalogue for the session of 1876-77, showing a total of 598 students. It has also issued the "Rules and Regulations of the Jefferson Medical College Hospital," a neat pamphlet of eight pages.

—The subject of milk sickness is ably treated in a paper by Dr. W. H. Phillips, of Kenton, Ohio (pp. 21). He believes that it is an infectious disease, and that it is most successfully treated by strychnia.

—A valuable contribution to the important question of sewerage will be found in the "Reports of the City Physician, Board of Health, and Sanitary Engineer of the City of Concord, N. H., for the year 1876-77." The city physician, Dr. G. P. Conn, shows the necessity of a municipal supervision of the sewers, both public and private; while Mr. Charles C. Lund, c. z., demonstrates the para-

mount importance of ventilation in a system of sewerage works.

—An appeal for the insane poor in the county poor houses in Pennsylvania, prepared by direction of the State Medical Society, by Dr. John Curwen, superintendent of the State Lunatic Hospital, has been published. It sets forth in earnest language the advantages, in an economical and humanitarian respect, of having ample and suitable provision for the insane poor in institutions devoted to that purpose. But Dr. Curwen might justly, and we think he ought to, have gone much further than he has, in showing that the treatment of the insane in the county poor-houses of this State is always inadequate, often neglectful, and by no means rarely downright brutal, and disgraceful to the age. We speak of what we know.

#### BOOK NOTICES.

**Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States, John M. Woodworth, M. D., for the fiscal year 1875. Washington, 1876. pp. 229.**

Under the efficient and energetic chief officer whose name is given above, the Marine Hospital Service of the United States is quietly doing an amount of good which few, even professional men, appreciate. We have but to examine this excellent report to see the large amount already accomplished, and the still greater conquests in sanitation which will be achieved as soon as an enlightened public sentiment supplies the means required.

The Report of the Supervising Surgeon-General embraces the statistics for the year, and is illustrated with numerous maps and diagrams. A number of recommendations touching quarantine, and the prevention and limitation of disease among seamen, are forcibly put.

In the appendix are collected a series of special Reports by members of the corps. One of considerable length, on syphilis and chancre, by Surgeon P. H. Bailhache, deserves prominent mention. His recommendations for the limitation of this disease by the medical examination of seamen, are sound and practical; but in his decided advocacy of the dual nature of infection—the chancre and the chaneroid—he defends a theory rejected by the most emi-

nent recent authorities, and dangerous in its practical application. Surgeon A. C. Hamlin discusses the advantage of a sea life in phthisis; but he seems far from sanguine that it will prove generally beneficial, and is quite certain that the life of the common sailor gives no immunity from tubercle. The prevention of scurvy is discussed by Surgeon C. M. Ellinwood; the value of the seton in paralysis and epilepsy is shown by Surgeon Thomas J. Griffiths; valuable suggestions on ships' medicine chests are made by Surgeon Robert D. Murray; and the yellow fever epidemic at Key West in 1875 is discussed by several writers.

**First Annual Report of the State Board of Health of the State of Wisconsin, for the year ending December 31st, 1876. Madison, pp. xliii, 86.**

**Fifth Annual Report of the State Board of Health of Minnesota, January, 1876. St. Paul, pp. 87.**

The Wisconsin Report is largely taken up with an account of the organization of the Board, and the system it has adopted for bringing its objects properly before the people, and obtaining correctly the statistics desired. In addition to this, we have articles on small-pox and its prophylaxis, by Dr. E. L. Griffin; on sewerage and drainage, by Dr. S. Marks; on the construction and ventilation of public buildings, by Gen. James Bintliff; on mental hygiene, by Dr. J. Favill; on food and domestic beverages, by Dr. O. G. Selden; and on registration, by Dr. Joseph Hobbins.

The subjects which the Minnesota Board urge upon the people are similar in character. The secretary, Dr. Charles N. Hewitt, speaks of the prevention of infant mortality, which, in Minnesota, is 45.70 per cent of all under five years of age. He also writes on the heating and ventilation of school houses; on small-pox and the means of its prevention; on the vital statistics of the State; on contagious diseases among children, etc. It is easy to see that the dissemination of such information among the more intelligent classes of the community will be attended with great good to the general health. Seeing how palpably true this is, we cannot but be surprised that so many States still neglect to create Boards of Health, and that the appropriations for their maintenance are so meagre and insufficient.

THE  
**Medical & Surgical Reporter.**

A WEEKLY JOURNAL,  
Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

*The terms of subscription to the serial publications of this office are as follows, payable in advance:—*

|   |        |
|---|--------|
| Med. and Surg. Reporter (weekly), a year, | \$5.00 |
| Half-Yearly Compendium of Med. Science,   | 2.50   |
| Reporter and Compendium, - - -            | 7.00   |
| Physician's Daily Pocket Record, - - -    | 1.50   |
| Reporter and Pocket Record, - - -         | 6.25   |
| Reporter, Comp. and Pocket Record, - - -  | 8.25   |

*For advertising terms address the office.*

*Marriages, Deaths, and Personals are inserted free of charge.*

*All letters should be addressed, and all checks and postal orders be drawn to order of*

D. G. BRINTON, M. D.,  
115 South Seventh Street,  
PHILADELPHIA, PA.

THE OFFICE OF CORONER.

Both English and American medical journals have had a good deal to say in the last few years about doing away with the ancient office of coroner. The "crown's quest" dates back, for its establishment, to Anglo-Saxon times, and has always been considered an office of responsibility, and essential to the security of the citizen.

A legal writer in the Boston *Medical and Surgical Journal* points out that the original and present sole purpose of the coroner's inquest is to detect crime.

"With a death unaccompanied by circumstances of suspicion the coroner has no concern. When such suspicion exists his functions are twofold. One is to determine with certainty whether the death has resulted from natural causes, or from violence. By the term violence is meant not only physical force, but poison, and all means of death not in the ordinary course of nature.

"The other is to determine, if it be found to be a case of violence, how that violence was

caused, and whether it constitutes a crime or not. One is a question of medical investigation, the other a question of legal determination. One is answered by a physical examination, the other by an inquiry into external facts, and the application of the laws to those facts. One is essentially the function of a physician, the other essentially the function of a lawyer."

In order that these objects may be more certainly accomplished, he proposes the following changes:—

"1. To abolish the office of coroner as now constituted. The abolition of the coroner's jury will follow.

"2. To divide its duties between (a) medical officers, to make the examination, and testify to its results, (b) judicial officers, to receive the testimony, and apply the law.

"3. To have the medical officers appointed by the governor and council, during good behavior, and removable by the same power, for cause shown.

"4. To have the judicial duties performed by the justices of the criminal courts of first instance, as a part of a regular judicial procedure.

These propositions appear plausible, but there is some doubt whether this severance of duties would not result in evil to the commonwealth. A neighboring State has lately tried such an experiment, with unsatisfactory results.

A couple of years ago the New Jersey Legislature passed an Act vesting in the county physicians in such counties having such an officer all the duties belonging to the regularly-elected coroners. This law created so much dissatisfaction, resulting, in many instances—in cases of sudden death, under suspicious circumstances, from want of proper examination into the causes of the death—in the escape of murderers; together with the delay occasioned in summoning the county physician into remote sections of the county, that the late Legislature, by an amended Act, restored to coroners the duties they formerly exercised.

The English advocate that the office of the coroner should be retained, but that a physician only should be eligible to it. This would meet

all the requirements, providing the right kind of a one were chosen. But so long as the office is elective, and to obtain it one has to descend to the degrading competition and the low artifices of the politician; or, so long as it is appointive, and is bestowed through nepotism, or as a recompense for dirty election work—just that long it will merit the obloquy now cast upon it.

In fine, we believe the office a good one, and should be sorry to see it abolished; but we should like to have it awarded to him, whether lawyer or physician, who could show himself, before competent judges, most familiar with the medico-legal knowledge it requires; and let such a one retain it so long as he fills its duties earnestly and well.

## NOTES AND COMMENTS.

### The "Cheyne-Stokes" Respiration.

The significance of this curious symptom is just now exciting lively discussion abroad. It was first described by Dr. Cheyne, in 1818, as follows:—

"For several days his breathing was irregular; it would entirely cease for a quarter of a minute, then it would become perceptible, though very slow; then, by degrees, it became heaving and quick; and then it would gradually cease again. This revolution in the state of the breathing occupied about a minute, during which there were about thirty acts of respiration." In this case, fatty disease of the heart was very marked, while the valves were healthy, and the aorta was "studded with steatomatous and earthy concretions."

No general attention, however, was directed to the peculiarity and striking character of this symptom, until, in 1846, Stokes urged its significance as a sign of fatty degeneration of the heart, believing that its presence was pathognomonic of this affection, and that it always betokened a fatal and not far distant termination. That it did not necessarily depend on fatty degeneration was soon shown by Dr. Seaton Reid, who described a case in which the muscular structure was healthy, while the mitral and aortic valves were both incompetent, the left ventricle was hypertrophied, and the aorta dilated and atheromatous.

From a study of this and some similar cases described by other writers, or observed by himself, Dr. Hayden has come to the conclusion that the first portion of the aorta has always undergone such a change as to lose its elasticity and become dilated. But this has not been found satisfactory to others, and the question as to its exact significance must still be regarded as an open one.

### Chrysophanic Acid.

This new remedy, of great efficacy in ring-worm, will soon be familiar to our pharmacutists. Mr. A. W. Postans, of London, who first prepared it, states that the easiest, the simplest, and by far the best method of making it into an ointment is to dissolve the acid in hot fat. Two drachms will dissolve in one ounce of lard, but this is very concentrated. The hot ointment should then be transferred to a mortar, and rubbed down till cold.

If to each ounce of ointment so prepared two drops of otto of roses be added, a most beautiful preparation results, possessing in an eminent degree the active properties of the acid with the delicate and attractive odor of the rose.

Mr. Gerrard, the dispenser at University College Hospital, London, first published this method of dissolving the acid in hot fat.

### The Injurious Effects of Condensed Milk.

Dr. Frederick H. Daly writes to the *British Medical Journal*:—

A long experience has only tended to confirm my opinion that the constant use of condensed milk is most injurious to infants. Children like condensed milk, and fatten on it, but their power of resisting disease is very low; such children, although remarkably well to look at, will soon die from an attack of measles, scarlet fever, or diarrhoea, of not very great severity, and will sink into a low state much sooner than those children fed on even the milk of London-fed cows. I have invariably found that children brought up on condensed milk are backward in walking and late in teething; also the anterior fontanelle is late in closing; or, in other words, the muscular and osseous tissues are not properly nourished. The children generally, too, have the abdomen rather large. For occasional use, condensed milk is most useful, in summer, for instance, when fresh milk soon becomes sour, and for use at



night. But I feel sure that it is not calculated to make infants grow into strong muscular men and women. Whilst in natural cow's milk the proportion of nitrogen (flesh-forming) to carbon (fat-forming) is one to twelve, in the preserved milk it is not much more than one-half, or about one to twenty.

#### Cockroach Tea Vindicated.

Years ago, while campaigning against the Seminoles in Florida, we visited a camp of volunteers, one of whom had been attacked with tetanus. The domestic remedy his companions were administering was *cockroach tea*. At the time we thought it a most unheard of remedy, but learned its use was not uncommon. Now we learn from an exchange that Dr. Bogamolow, of Russia, has found in the cockroach a crystalline substance which he has named *antihydropin*, from the favorable effects obtained by him with it in the treatment of dropsy. Roaches are highly esteemed as a popular diuretic by the common people in Russia; this fact induced Dr. B. to employ them in various forms, such as decoction, tincture, and powder, and in the form of the supposed alkaloid. Under its use the amount of urine increases, albumen and casts diminish in quantity; œdema of hands, feet and face subsides, the weight of the body increases, and the pores of the skin begin to act more freely. The remedy is said not to interfere with digestion, nor to irritate the kidneys.

#### The Peabody Lodging Houses.

Everybody knows that the benevolent American banker, Peabody, left a large sum to build model lodging houses in London. The excellent result of his charity is now becoming apparent. Last year, the death rate in the buildings erected from his trust did not exceed 19.02 per 1000; this rate was 3.3 per 1000 below the average rate in the whole of London. This fact affords conclusive evidence of the benefit which the health of the working classes derives from the operation of the Fund; and, when it is remembered that the death-rate in these buildings in 1875 was 24.3 per 1000 (even this was a low death-rate for a poor working class population), we may fairly conclude that the benefit from these buildings will increase at a more rapid rate than the actual extension of the operations of the Fund itself. It appears reasonable to assume, and it is abundantly sup-

ported by the experience of the trustees, that the health of the residents, and especially of the infantile portion of the population, improves with length of residence; in other words, the baneful effects, social as well as sanitary, of previous housing and surroundings is not at once shaken off by the new tenants of improved dwellings. Great sanitary results may fairly be anticipated from the operations of the Peabody Trust Fund, and the devotion of other capital to similar purposes.

#### Ergot in Enlarged Prostate with Vesical Atony.

The treatment of this condition with full doses of ergot is nothing new in Philadelphia. But we notice that in Germany, Professor Von Langenbeck, at a meeting of the Berlin Medical Society, stated that in atony of the bladder, associated with enlarged prostate, in elderly men, in which the organ is never completely emptied of urine, he has lately tried the hypodermic injection of ergotine with most surprising results. In three cases the contractile power of the bladder was at once increased, so as to enable the patient to discharge additional urine, and in a few days it had so augmented that very little urine was left behind. After one or two injections the improvement was considerable, and even a diminution in the size of the prostate seemed to have ensued.

#### The Radical Cure of Hernia by Alcohol Injections.

An important contribution to the therapeutics of hernia is made by Dr. C. Schwalbe, of Weinheim, to the *Deutsche Medicinische Wochenschrift*, No. 38, 1876. The cicatrizing power of alcohol led Dr. Schwalbe to employ it in order to bring about the subcutaneous union of the hernial orifice. He relates several successful cases, one of which we translate.

J. S., forty-four years of age, mason. Has had, for six months, a right external inguinal hernia. The inside finger can be passed through the external ring. Injection of  $\text{M. xv}$  of a 70 per cent. solution of alcohol around the canal and in the ring were made May 28th, June 11th, 18th, 25th, July 15th, 23d, 30th, August 6th, 12th, 21st. At the last date the inguinal canal was entirely closed, and the patient could cough and jump without his truss, without the least sign of hernia. He was recommended to wear the truss a few months, when he could lay it aside altogether.

With proper precautions, Dr. Schwalbe says

these subcutaneous injections of alcohol, from 20 to 80 per cent. in strength, are never followed by abscesses. As the peritoneum is never wounded, the method is wholly without danger, and though not applicable to large and old hernias, it offers an excellent means of radically curing many recent and smaller ruptures.

#### The Action of Metals on the Sensory Nerves.

In cases of paralysis of sensation, it has often been observed that when a metal is applied for a certain time upon the insensible surface of a limb, at the end of about a quarter of an hour an incomplete sensibility returns, on a restricted zone of skin; and from that point spreads gradually during the twenty-four hours over the whole limb. Sensibility returns, and at the same time the skin reddens, the temperature rises, and even the muscular force seems increased. Strange to say, all metals do not act in the same way with the same patients; on some, gold, on others, copper or zinc, is efficient; but the same metal always acts on the same patient. These observations have been renewed by Drs. Charcot and Dumontpallier, but their explanation is still quite unknown. At the instigation of M. Charcot, who has brought these facts once more before the Society of Biology in Paris, physicists, chemists and physiologists are studying the question actively.

#### The Blue Glass Mania.

The last and greatest catholicon is blue glass. A venerable citizen of Philadelphia is its discoverer. Medical men have been sadly pestered to explain "what does it amount to?" Several friends of ours have caught horrible colds in stripping themselves, so as to catch the beneficial effects of the blue rays on the bare skin. The Academy of Sciences of Kentucky have reported that blue light "increases the amount of carbon dioxide produced in animals," and goes so far as to say that blue light "may possibly prove useful in some diseases and injurious in others," in which their caution is commendable. Meanwhile, Dr. Javal, of Paris, has lately remarked on the general preference now existing for blue glasses over green glasses as protectives; and, discussing the use of colored glasses, observed that it was not at all certain whether particular colors are deleterious, and whether there is any advantage in extinguishing certain colored rays. The arguments on

which the use of blue glasses are founded are, he says, valueless, and the whole question needs to be reconsidered.

#### Salicylic Acid as a Caustic.

At the séance of the "Société de Biologie," held at Paris, February 24th, 1877, M. Lépine presiding (*Progrès Médical*, March 3d), M. Henri Benjamin exhibited anatomical preparations obtained at the autopsy of a horse, demonstrating that salicylic acid exercises a caustic action of sufficient power to determine, in these animals, erosions of the mucous membranes of the œsophagus and stomach.

The caustic property of salicylic acid was made known some time since, in an article on that subject published in the *American Journal of Medical Sciences*, October, 1875, by Dr. G. Halsted Boyland.

M. Benjamin thinks it better, instead of diluting salicylic acid to the required point, to substitute the salicylate of soda, which has all the advantages and none of the inconveniences of salicylic acid.

#### Belladonna in Coryza.

A gentleman writes to the *British Medical Journal*:—

I have found marked benefit from tincture of belladonna in the most severe attacks of coryza. I would recommend one dose of twenty minims in the evening, about six o'clock; this will stop nearly all the most distressing symptoms, especially the frequent, and in some cases the almost incessant, desire to sneeze. Another dose of ten or fifteen minims at bedtime will generally have the effect of all but completing the cure. There is little or no inconvenience felt the next morning from the medicine, except perhaps a little languor, though I believe some people bear belladonna better than others. I can speak highly of its effects on my own person.

#### Billings, Clapp & Co.

The Centennial award to this firm, for excellence in pharmaceutical preparations, to which we alluded a fortnight since, has led the firm to prepare a handsome illustration of their exhibit, which will be found in the present number.

—Dr. Robert Ilderton Limehouse, of Summerville, S. C., has changed his name to Dr. Robert Ilderton.

## CORRESPONDENCE.

## Salicin in Rheumatism.

ED. MED. AND SURG. REPORTER:—

I was called to see J. S., aged 43, on the 14th of February, 1877; found him suffering severe pain in the muscles of the arms and shoulders, and more especially the intercostals. Diagnosed a case of neuralgia. Left him small doses of opium and bromide potassium, to take every two hours until relieved, which very soon produced comfort. Did not see him again until the 17th, when I found him in pretty much the same condition as before, except that pain was more severe and more extensive. The same course of treatment, with results as before, so that he was up and around attending to business, although complaining of soreness and occasional pain and uneasiness, until the morning of the 26th, about daylight, I was sent for in haste; found him delirious, with pain all over him, but he complained most of the muscles of the chest. Tongue slightly coated with whitish fur, pupils of the eyes natural, temperature about normal, but his pulse was the most striking symptom, it being only thirty-six to the minute, full and soft. Urine very scanty, high-colored, which very soon deposited a large amount of sediment of grayish appearance, and, as my patient was a machinist, and very frequently called upon to enter engine-boxes and boilers under a very high temperature, I concluded that my case of neuralgia was complicated with rheumatism. The first indication seemed to be the relief of pain. I therefore put him under the treatment of a quarter of a grain of morph. sulph. every hour, and remained with him until one grain was given, without any very great relief; I then changed the prescription to one-half grain every three hours, with care as to its effect. The first dose caused sleep for half an hour or so at a time, but he was still in pain when aroused. The morphine was given every five or six hours until the next morning, and as he was still suffering and quite despondent, counsel was suggested, and my friend, Dr. John Wright, of Clinton, Illinois, was called, and met me about noon. His diagnosis coincided with mine, and as to treatment, he thought it was only necessary to push the morphine carefully, until pain was once under its control, which I did until about nine o'clock P. M., without giving very much additional relief. Having seen several articles in the REPORTER, during the last eight or ten months, on the benefits to be derived from salicylic acid and salicin in acute rheumatic affections, that they gave immediate and permanent relief to the pain, I prepared a solution of ten grains to the drachm or dose, and had it given every three hours. He had taken a dose of morphine about three hours before giving the salicin (I chose that in preference to the acid); but anyway, about an hour after taking the first dose, he went to sleep, and had a very refreshing nap of about an hour and

a half's duration; was still in some pain, but said he felt much better. When I next saw him, he had taken forty grains of the salicin, and in reply to my inquiry, said he had no pain at all; had not suffered any pain to speak of after taking the third teaspoonful of the mixture, and has continued without pain, so far, it being eight days, and has been around in the open air as usual, for three days past. I had him continue taking the medicine for several days, three times a day.

As this is the first opportunity I have had of applying the remedy, and as it has acted so promptly, to my satisfaction, I felt called upon to recommend the remedy to my brother country practitioners.

I preferred salicin, because of the burning sensation in the stomach and throat, complained of by some to whom I have administered salicylic acid. Also, I think, for prompt action it should be given in pretty large doses, yet not so large as some write of, although I might be in error in that conclusion. Yours truly,

W. A. TYREE, M. D.

Wapella, Ill., March 8th, 1877.

## An Instance of Scarlatina from Fomites.

ED. MED. AND SURG. REPORTER:—

Among the many pleasant articles with which your REPORTER abounds, not the least, to me, are those from country physicians—their own private experiences. Such being the case you will not, I trust, deem it amiss to record the following case of scarlet fever, contracted from a ball of woolen yarn. This yarn had been knit four years before, in the room of a child sick of scarlatina. The child died. The knitting for the child not needed, the yarn, wound into a ball, was stored away in a trunk. It remained there until this winter, when the mother, after the birth of a third child, being forced during the third week of its life to return to and keep the horizontal position, with the little infant in bed by her side, recommenced her knitting from this ball of yarn. The child soon after was attacked with scarlet fever. The fever and eruption were prominent, but the throat symptoms very decided. It made a good recovery. A little sister of seventeen months, and of an age to pull out knitting needles, was not allowed access to the yarn, but, though frequently in the room, did not contract the disease. There was no other case of scarlatina in the town or country around at that immediate time.

S. PARRY, M. D.

Doylestown, Pa.

## The Treatment of Erysipelas and Carbuncle.

ED. MED. AND SURG. REPORTER:—

The communication in the REPORTER of February 5th, 1877, from Dr. Thomas M. Mathews, of Mount Enterprise, Texas, taking the position that muriat. tinct. ferri is nearer a "specific" in erysipelas, in all its types, than quinine is in malarial fevers, may appear strangely extra-

gant to those who have never used this remedy in erysipelatous affections; but I venture to endorse him fully in his pathological views of this disease, and his treatment of the same, with this exception; perhaps I would use the tinct. more moderately, and always with fifteen grains of sulphate of quinia to the ounce, when tolerated by the stomach.

As a preliminary course, some mild cholagogue aperient should be given, in order to prepare the system for the better absorption of the iron and quinine, as well as to remove any deleterious or effete matter from the alimentary tract. Like Dr. M., I use the sulphate of iron or the muriat. tinct. in weak solution as a local application, having never had any success with iodine or argenti nitras as local abortive remedies. Sometimes a dressing composed of plumbi acetat and laudanum, of not too much strength, will soothe the patient, but we must ever keep in view the all-important object of *saturating* the poisoned blood with the antidote to erysipelas, by both external and internal media.

Just look upon erysipelas as a constitutional disease dependent on some unknown fermentative factor in the blood, its whole tendency being to destroy the integrity of the blood and convert the tissues into purulent products of a contaminating nature.

Muriat. tinct. ferri and quinine will arrest this putrefactive tendency. In a practice of eighteen years, fortunately, I have yet to lament the loss of a case of erysipelas. This is strong language in me, also, but such is the fact.

Anthrax, carbuncle, is a malignant type of erysipelas, and generally peculiar to persons of an advanced age. It usually develops on the posterior and lateral aspects of the body when the blood is in a weak and fermentable state from slight pressure, as any contusion at this time will produce a stasis of the blood and consequent sloughing or suppuration.

This, too, is a constitutional affection, locally manifested by a circumscribed paralysis of the capillaries of the affected part. During my professional career, I have had six severe cases of carbuncle, and others of a milder character, and have never resorted to the knife as a means of relief to the patient. With all due deference to the opinions of some eminent surgeons, I must say that a resort to the knife is a doubtful expedient in any case of carbuncle, as such a procedure rather tends to depress the vital powers of the system already weakened by the vitiated blood.

Carbuncle is the result of constitutional causes, and as such must be treated by blood-invigorating remedies, at the same time paying due attention to the efforts of nature to throw off the slough. Like erysipelas, its congener, the treatment begins with a preliminary course of aperient medicines, to put in order, as far as possible, all the organs of excretion and secretion, and then use the same mixture prescribed for erysipelas in fifteen to thirty drop doses every four hours in a little sweetened water. Where the quinine is not tolerated, give the

muriat. tinct. ferri alone, taking care to have the teeth protected, as usual, when the tincture is internally administered.

As an adjuvant to the sloughing process of the carbuncle, I use, as a bath, equal parts of tinct. iodine and muriat. tinct. ferri once a day, and apply a poultice three times a day, made from cinchona bark or dogwood root bark. These applications stimulate the tumor and promote healthy action in the surrounding tissues.

In the meantime, let the patient be supported by an appropriate and generous diet. The primary object in this disease should be to renovate the blood as soon as possible, by the use of muriat. tinct. ferri and quinine, and proper regimen, after which nature will throw off the dead tissue by the assistance of local stimulants. All the cases which have fallen under my care recovered under the course of treatment indicated in this paper varying the treatment in each case in accordance with the constitutional peculiarities presented by every patient. WM. R. PUTNEY, M. D.

New Canton, Va.

#### The Monobromide of Camphor in Masturbation.

ED. MED. AND SURG. REPORTER:—

My attention has recently been called to the use of the "monobromide of camphor" in nervous and kindred diseases. I have since used it with happy results in a number of cases, and in many instances substitute it for the potassium bromide. I have found it, particularly in masturbation, a reliable and efficient remedy. One case I will record. W. F. P., male, aged twenty years, teacher. Consulted me in December last. Complained of weak memory, confusion of thoughts, nocturnal emissions, constant desire for sexual indulgence, and the many other characteristic symptoms of confirmed masturbation. Becoming alarmed, and realizing his condition, he confessed to having practiced masturbation for a year or more. Had rather plethoric appearance, but nervous symptoms seemed prominent. I prescribed the usual remedies, with little or no benefit. I finally put him on four-grain doses of the camphor monobromide three times a day, with immediate and seemingly permanent results.

He now informs me that he feels well, and believes he is cured. A remedy containing such virtues, and so happily applicable to such a disease as masturbation, should merit prominence. These unfortunate young men are, as a rule, ignorant of the benefit they may receive from an intelligent physician, and easily fall victims to the nostrums of quack "institutes."

WALTER N. SHERMAN, M. D.

Trinity Springs, Ind.

#### Expulsion of Tania.

ED. MED. AND SURG. REPORTER:—

In the last number of the COMPENDIUM I notice a formula for tapeworm which I have



used for the last three years with good success. I have treated five cases with this remedy, and in all of them have succeeded in expelling the worm in about one hour with one dose of the medicine, and in four cases the cure was complete. In one of them nearly sixty feet was expelled, and in about three months it made its appearance again, when another dose was given, which expelled the worm entire and it has not troubled him since. I order a saline cathartic to be given at night, the patient to take no breakfast the following morning, and the medicine taken at 10 o'clock A. M. I obtained the formula from the *Druggists' Circular*, where it was given as Dr. A. J. Schafhirt's remedy for tapeworm. The following is the formula which I have used, which varies a little from the one referred to in the COMPENDIUM:—

|                              |               |
|------------------------------|---------------|
| R. Bark of pomegranate root, | 3ss           |
| Pumpkin seeds,               | 3j            |
| Ethereal oil, malefern,      | 3j            |
| Fld. ext. ergot (Squibbs),   | 3ss           |
| Powd. gum arabic,            | 3ij           |
| Croton oil,                  | gtts ij-iiij. |

I have used several remedies for tapeworm, but have never found anything that operated as promptly and effectually as this.

A. N. BRAMAN, M. D.

Brockport, N. Y., March 28th, 1877.

## NEWS AND MISCELLANY.

### The Metric System.

The Northeastern Ohio Medical Association held its quarterly meeting last month. An address was delivered on the metric system, by Dr. B. B. Brashear. The lecturer brought to his aid a series of maps, charts and pamphlets, furnished by the "American Metric Bureau," of Boston. At its conclusion the Doctor offered the following resolution, which was unanimously adopted:—

*Resolved*, That the Union Medical Association of Northeastern Ohio recommend to its members the adoption of the "Metric System" in writing prescriptions.

### Drunkenness Among Ants.

Sir John Lubbock, in his experiments with ants, tried putting some under the influence of chloroform. These were carried away, regarded perhaps as dead. He then tried alcohol in place of chloroform. Thirty intoxicated friends and thirty intimated strangers were put together near a nest. The ants were at first much puzzled at the sad spectacle. However, twenty of the friends were taken into the nest, five were thrown into water, and the others neglected. Of the thirty strangers twenty-four were thrown into water, six were taken into the nest. The mistake was at once found out with regard to four of them, who were brought

out and thrown into the water. Sir John said it was difficult to understand how there could be recognition in such circumstances.

### Important Life Insurance Case.

The Travelers' Insurance Company, of Hartford, has just secured, at the hands of Judge Benedict, of the United States Circuit Court, a decision which is important to insurers. William E. P. Baylies, who had a \$10,000 policy, died from an overdose of opium, which drug had been recommended by his physician, and his wife brought suit for the money. The policy, however, contained an explicit provision that it should not cover death or disability caused wholly or in part by medical treatment for disease, and the judge therefore held that this exception covered the case and relieved the company from all responsibility.

### Statistics of Illegitimacy.

After all the talk about "frivolous and immoral," France, it appears that there are more illegitimate births in Germany. In France, the illegitimate births are but 70 in 1000, while in Prussia, out of 1000 births, 120 are illegitimate; and in Southern Germany 200 out of 1000 are illegitimate. In Lower Austria this proportion runs up to 305 out of 1000, and in Carinthia nearly every other child is illegitimate.

### Personal.

—Dr. H. C. Porter, a physician and druggist of Tonawanda, Pa., died, March 17th, of apoplexy.

—Dr. Sarah Pettengill, a much respected physician of this city, died very suddenly in a street car last week. The death apparently resulted from atelectasis pulmonum.

—Professor Lister has been invited to accept the office of Surgeon and Surgical Lecturer at the College and Hospital of King's College, London.

—The venerable Dr. Stebbins, of Unionville, Pa., contributes some interesting reminiscences of his early school days to the *West Chester Republican*, in which he advocates the banishment of the rod as a means of punishment, and urges the adoption of moral suasion as the most effective means of making good pupils.

—Dr. Dolbeau, of Paris, Professor of surgical pathology, recently died, at the age of forty-seven. Professor Dolbeau was a most successful surgeon, and, notwithstanding the precarious state of his health, he had acquired a practice which would have done honor to many of his seniors in years. His name will ever be associated with an operation to which he gave the name of "Lithotritie Périnéale," of which he may be considered the inventor, and for which he always cherished the hope that it will one day supplant lithotomy and lithotripsy, as these operations are now generally practiced.

## What Others Think of Us.

The *Evening Star*, of this city, commenting on the regiment of doctors turned out from the medical colleges this winter, writes:—

"When our most venerated institutions will certify to the medical proficiency of persons who have been but two sessions of four months each under their tuition, and who can neither speak nor write their own language correctly, they certainly do not elevate the standard of medical education. Competition between institutions prevents their requiring a sufficient preliminary course of instruction, and a longer and more thorough course in the medical college."

## Items.

—A verdict of \$10,000 damages has been rendered against the Rhode Island hospital, at Providence, for malpractice in the treatment of a finger after amputation. The case is to be further contested.

—The *Insurance Gazette* says a Frenchman died at Bordeaux in 1772, at the age of 101 years, having been married seventeen times. A Scotch woman died in 1765, at the age of 106, having been the relit of thirteen husbands.

—The epizooty is making steady progress in the stables of New York and Brooklyn. Quite a large number of horses have been attacked by it, and the mortality has been so great as to seriously alarm those owning equines. The veterinarians are doing their best to check the disease, but, thus far, with seemingly small effect.

—A practical German, who has a large shoe store on Broadway, New York, avows his readiness to pay the city ten dollars for every corpse turned over to him. He says that human skin makes the very best of boots, and some time since applied for a patent on this application of that material, but was refused. Nevertheless he has and sells boots and shoes made of human leather, and is willing to guarantee that they are softer, finer, and more lasting than those made from the best French calf.

—Professor of chemistry—Suppose you were called to a patient who had swallowed a heavy dose of oxalic acid, what would you administer? K. (who is preparing for the ministry, and who only studies medicine to fit himself for a missionary)—I would administer the sacrament.

—The diphtheria is raging to such an extent in Greene county, Pa., that they have closed the public schools.

## QUERIES AND REPLIES.

## Stomatitis Materna.

If Dr. J. J. J., of Arkansas, will try cod-liver oil, he will be satisfied. I have found it, after twenty years' trial, almost a specific for stomatitis materna.

New Jersey.

W. A. S.

*Medical Student, Mass.*—*Ringer's* Therapeutics, probably. Be on your guard against teachers with theories to protect.

*Dr. J. M. D., of N. J.*—We will endeavor to comply with your request when our columns are less crowded than they now are.

*Dr. J. C. H.*—The tinctura chloroformi composita, B. Ph., is chloroform, 2 ounces; rectified spirits, 8 ounces; compound tincture of cardamoms, 10 ounces.

*Dr. A. P. B., of Pa.*—Dieulafoy's aspirator costs \$25.00.

*Dr. P. R. F., of N. Y.*, desires a successful treatment of ascariasis. We can recommend, most unhesitatingly, Dr. Van Buren's formula, containing carbolic acid and chlorate of potash (see *Napheys' Therapeutics*, p. 443), but a larger amount of the acid has at times been required.

## MARRIAGES.

*HUIDEKOPER—MORRIS.*—In Media, Pa., on the 15th inst., at the residence of the Hon. Edward Darlington, by Bishop Hare, Rush S. Huidekoper, M. D., of Meadville, Pa., and Anne Preston, daughter of Arabella D. and the late Joseph R. Morris, Esq.

*KEITH—JENKINS.*—By Rev. George F. Rugbee, at his residence, Monday, March 12th, Dr. James Keith and Miss Clara Jenkins, of Ludlow.

*LANE—FORBES.*—At Marengo, Iowa, February 27th, 1877, by Rev. H. W. Forbes, assisted by Rev. Mr. McDerimid, W. H. Lane, M. D., and Miss Mary R. Forbes, daughter of the officiating clergyman.

*PARISH—DOWN.*—On the 1st inst., at the residence of the bride's parents, by the Rev. E. F. Moore, A. Parish, M. D., of Flemington, N. J., and Theresa H., daughter of Osborn Down, Esq., of Downsville, N. J.

*SHOWERS—MARTIN.*—At the residence of the bride's parents, on the 1st day of November last, 1876, by Elder W. Y. Kuykendall, of the Church of Christ, Mr. John B. Showers, of Smithville, Tenn., and Miss Lizza A. Martin, daughter of Dr. J. P. Martin, of Hookeville, Tennessee.

## DEATHS.

*BURDICK.*—In Johnstown, Fulton County, N. Y., March 23d, of erysipelas, Francis Burdick, in the fifty-ninth year of his age.

*BURRILL.*—On the 8th of March, 1877, at San Francisco, Cal., James Shoolbred Burrill, M. D.

*CRAIGUE.*—In Lawrence, Mass., March 13th, Dr. Isaac Craigue, formerly of Chester, Vt.

*DUFFIELD.*—At Middletown, Conn., suddenly, on Thursday, March 22d, Dr. William Jarvis Duffield, formerly of Brooklyn, aged thirty-one years.

*FERGUSON.*—At his home, Detroit, Michigan, at 4.30 A. M., on March 3d, 1877, Dr. Joseph Ferguson, brother of the late William Ferguson, of this city.

*HAMILTON.*—In Bath-on-the-Hudson, N. Y., on Tuesday morning, March 20th, Dr. Jamn Hamilton, aged seventy-five years.

*HUCKEL.*—In this city, on the 26th ultimo, Dr. Jacob Huckel, in the seventy-sixth year of his age.

*POWELL.*—On Friday, the 23d inst, at No. 322 East Fifteenth street, Dr. Alfred Powell, in the fifty-fourth year of his age.

*PRATT.*—In Orange, N. J., March 21st, of pneumonia, Dr. L. H. Pratt, aged eighty-five years.

*SMITH.*—On Wednesday afternoon, March 14th, 1877, Dr. James H. Smith, formerly of Allegheny City, Pa., in his seventy-fifth year.

*WORRELL.*—On Sunday, March 25th, Edward Worrell, M. D., aged seventy-four years, after a brief illness, from paralysis.